

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869749** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4			1			
5	1		1			
6	1		1			
7			1			
8	2		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	3		1			
15	1		1			
16			1			
17	1		1			
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TOTAL IND.			2			
TOTAL DEP.				18		
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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